## FRANKLIN COUNTY COMPLAINT FORM

Date complaint made:		_	
Your name (print):		_	
Your name (sign):		_	
Your address:			1
Phone Number:			
Alleged Complaint:			
Name of violator:			
Mailing address:			
City	State	Zip	
Township	Section	Township	Range
Parcel #	Acres		
Location of alleged violation			
* * * *	* * * * * * * * * * * * * * * * * * *		* * * *
Zoning Designation:			
Date Photos were taken:	Date letter was mailed:		
Comments:			
Unkept properties forwarded onto Co	ounty Commissioners	On	, 2022